GENERAL INSTRUCTIONS FOR COMPLETING A CLAIM FOR DAMAGES FORM



Please carefully read all of the information before completing and presenting your Claim for Damages form.

Legal Requirements for Presenting a Claim for Damages Form

In order to verify the claim and additional supporting information, the law requires that the Claim for Damages form be signed by one of the following:

- 1. The Claimant; or
- 2. A person who had been given authority by the Claimant under a written power of attorney; or
- 3. An attorney, admitted to practice in Washington State on the Claimant's behalf; or
- 4. A court-approved guardian ad litem on behalf of the Claimant.

<u>Important</u>

- 1. Type or print clearly in ink and sign the Claim for Damages form.
- 2. Provide all requested information and any available documents or evidence supporting your claim. For all vehicle property damage claims we request you provide two repair estimates. If you were treated for a personal injury, please provide the names, addresses, telephone numbers and type of treatment of all your medical providers.
- 3. The length of the Claim for Damages investigation varies greatly depending on the complexity of the issues and the availability of evidence to support the claim. A claim for Damages can be resolved and closed quicker when all relevant information and documents are provided for consideration.

Present in Person or Mail the Claim for Damages Form and Supporting Documents to:

Claims for Damages must be presented, either in person or by mail (regular mail, registered mail or certified mail, with return receipt requested) to the following:

Mailing Address: Pierce Transit

Attn: Designated Agent 3701 96th St. SW Lakewood, WA 98499 Business Hours: Monday-Friday 8am to 5pm Closed Weekends and Holidays Street Address: 3701 96th Street SW

Lakewood WA 98499

(Corner of 96th & South Tacoma Way)

If you have additional questions while completing the Claim Form contact the Risk Management Office at 253-581-8000. Please make copies for your personal records before submitting your Claim for Damages form. Submittal material will not be returned.

PIERCE TRANSIT CLAIM FOR DAMAGES



Attn: Designated Agent, 3701 96th Street SW, Lakewood WA 98499, (253) 581-8000 fax (253) 983-2707

Pursuant to Title 4, Chapter 96 of the Revised Code of Washington, all claims for damages against any local government entity shall be presented to and filed with the government entity and the government entity's designated agent within the applicable period of time limitations. RCW 4.96.020. All claims shall describe the conduct and circumstances, location, which brought about the injury or damage, describe the injury or damage, date, time, location, witnesses if known. In addition, it is necessary to provide adequate independent support of your claim, i.e., repair costs estimates, medical bills, loss wages earning statement, etc.

Claimant	0.6.1117	(T)	Date of Birth
(First)	(Middle)	(Last)	(Month/Day/Year)
Home Phone	Cell Phone		Work Phone
Email Address			
Current Address		Mailing Add	ress (If different)
Residence on date of incident if	different than current address:		
	(Give residence by Hous	e/Apt. Number, St	reet, City, State, Zip Code)
If your claim arose as a result o	f an automobile accident, please p	provide the followin	g:
Driver's License Number		Lice	nse Plate Number
Make of your vehicle	Model		Vehicle Year
Claims damages of and from Pi	erce Transit in the sum of \$, ari	sing out of the following circumstances:
Date of Incident:(Month/Day	Time of Incident:	Locati	on:(City, State)
`	AND PHONE NUMBERS OF	ALL KNOWN WI	• • • •
ACCURATELY DESCRIBE I	NJURIES OR DAMAGES:		
STATE ITEMS OF DAMAGE (Attach additional pages if necess	E CLAIMED. ITEMIZE ALL E sary)	XPENSES AND I	OSSES:

CLAIM FOR DAMAGES



DESCRIBE YOUR CLAIM, GIVING <u>DATE AND T</u> <u>SPECIFICS,</u> ACCURATELY LOCATING AND DES		
ACTS OF NEGLIGENCE CLAIMED: (Use additional		reorro ir gent en Brishio Brita Brita
State law requires that the claimant signs and verify the and or its designated agent before the expiration of everifying, presenting, and filing the claim in the time prethere from during the time within which the claim is required the claimant by any relative, attorney, or agent represent handled as part of the claims process and not as a publiform is available at Pierce Transit headquarters' from the from our website at Piercetransit.org.	the applicable statute of escribed, or if the claiman juired to be filed, the clai- enting the claimant. Any c records request. In the	Ilimitations. If the claimant is incapacitated from it is a minor, or is a non-resident of the state absen in may be verified, presented, and filed on behalf of information requested on this claim form will be event you wish to make a public records request,
I declare under penalty of perjury under the laws of the s	tate of Washington that	he foregoing is true and correct.
Signature of Claimant (claimant must swear to claim)	(Month/Day/Year)	(City, State)
Print Name of Claimant		
Or		
Signature of Representative	(Month/Day/Year)	(City, State)
Print Name of Representative		